

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 525571

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	C	C				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	C	C				
16	1					
17	1					
18	1					
19	X					
20						
21	X					
22						
23	1					
24	X					
25						
26	X					
27						
28	X					
29						
30	X					
31						
32	X					
33						
34	X					
35						
36	1					
37	X					
38						
39	X					
40						
41	X					
42						
43	X					
44						
45	X					
46						
47	1					
48	X					
49						
50	X					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	20					